Information disclosure statement, form 1449 and \_\_\_\_ references.

No additional claims fees are required.

[]

[x]

[] An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS							
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
Total Claims		MINUS = 20	0	x \$50 =			
Independent Claims		MINUS = 3	0	x \$200 =			
If Amendment adds multi-							
If small entity status is control and application of the status is control and application.	\$0.00						

[] A check in th	e amount of \$	is	enclosed.
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- [] Charge \$\_\_\_ to Deposit Account No. \_\_\_ (Docket No. \_\_\_).
- [x] Please deduct any <u>underpayments</u>, credit any <u>overpayments</u>, and charge all required <u>extension of time fees</u> to Deposit Account Number 50-1003. (Docket No. OR03-12701).

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Respectfully submitted,

By

Shun Yao

Registration No. 59,242

Date: 8 May 2007

at this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on 8 May 2007

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)

Application Number: 10/775,642

Confirmation Number: 1300

Applicant

: Sachin, Desai et al. : 10 February 2004

Filed TC/A.U.

: 2141

Examiner

: Gillis, Brian J.

Docket Number

: OR03-12701

Customer No.

: 51,067

M/S: Box Amendment Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

## **AMENDMENT**

Sir

In response to the office action of 7 March 2007, please amend the aboveidentified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.